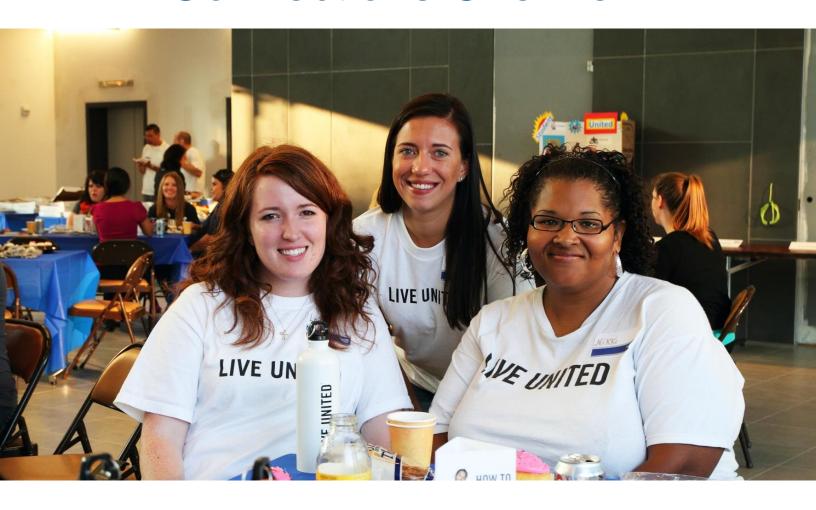# Connections Overview

United Way of Olmsted County

903 W. Center Street, Suite 100

Rochester, MN 55902

507-287-2000

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of Olmsted County
uwolmsted.org

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Introduction

The following report is an exploration of a narrow field within the broad context of health and human services work. It is not an exhaustive treatment of all effective programs or approaches within the field, but rather a narrow investigation of a topic of interest. The subject matter of this paper does not necessarily represent an area of financial investment, grant funding, or other programmatic pursuit for United Way of Olmsted County. Rather, this report reflects on a specific type of intervention that allows individuals to reach their full potential, and presents related research. There may be a wide variety of programs or services that address individual and community needs, and this report is not designed to enumerate all possibilities. United Way of Olmsted County hopes that readers will think creatively about the ways in which the ideas and experiences contained within the report might inform programs, services, and community changes in Olmsted County.

What do we mean by connections?

There is inherent value in the connections that exist between individuals. Many relationships are considered valuable because they provide support – either unidirectional or reciprocal - to the individuals maintaining them. Other relationships derive much of their value from the informational exchanges that take place between individuals.

United Way of Olmsted County supports programs whose models leverage these relationships and connections in order to produce improved outcomes for the individuals engaged in the relationship. Improved outcomes may be found in the areas of health, education, financial stability, or basic needs. In particular, many programs that leverage interpersonal relationships see improved outcomes in physical and mental health.

Why are we talking about connections?

Social isolation is considered a threat to physical health and in many studies is considered a risk factor comparable to smoking or obesity. This is particularly true for health outcomes affected by the stress response, such as coronary heart disease, stroke, high blood pressure, cognitive decline, and dementia (Holt-Lunstad, Smith, & Layton, 2010). The relationship between physical health and social isolation can be cyclical, with a physical health challenge resulting in a lack of social connectedness due to decreased mobility, which often leads to mental health challenges and exacerbates physical health challenges (Osborn, 2001).

Lack of social connectedness has been correlated to poor mental health, especially for vulnerable populations such as seniors, teenagers, and individuals of color. For seniors, the aging process often reduces mobility, resulting in increased isolation from family, friends, and the wider community (York Cornwell & Waite, 2009). Teenagers will often self-isolate while sorting through an identity crisis, removing them from their emotional support system (Matthews et al., 2016). Individuals of color may feel socially isolated

from the wider community due to identity differences, despite being active employees, citizens, and family members (World Health Organization, 2012).

Lack of healthy attachment patterns contributes to further social isolation.

 Attachment disorders are less-than-healthy ways of maintaining interpersonal connections with others, and are common in children (and the adults they grow into) who have suffered trauma, whether it was abuse, neglect, or loss of a trusted adult. Attachment disorders go by many names, including reactive attachment disorder and disinhibited social engagement disorder, and are often found alongside oppositional defiance disorder, attention deficit disorder, bipolar, and borderline personality disorder (Attachment & Trauma Network). Individuals with attachment disorder find it challenging to maintain healthy relationships with others, and often face social isolation as a result of their behavior, which further exacerbates their mental illness in a negative feedback loop. Addressing attachment disorders allows patients to begin to maintain healthy connections with others and reintegrate into the community (Mikulincer & Shaver, 2012).

Models that leverage connections lead to improved outcomes.

Patients suffering from a number of mental health challenges and addictions encounter improved outcomes when treatment is undertaken in a group setting or through a peer support model. By building personal connections between clients and care providers, participants experience increased optimism, learn from one another's experience, enjoy an increased sense of self, improved quality of life, and (for the peer support), a greater sense of purpose. All of these intangibles stemming from social connectedness lead to improved mental health and longer, more sustainable recovery ("Mental Health America," 2017).By interacting with someone who has been in a similar situation but is experiencing improved outcomes, many patients experience activation – the increased engagement in self-help activities (Ashenden, 2016).

Peer support can be particularly impactful and cost effective when the care provider and patient are from similar underrepresented ethnic, racial, or socioeconomic backgrounds – especially for culturally-taboo subjects such as psychiatric illness, suicide, or domestic violence. This valueadd is seen to be true of case management, in which a peer care provider (rather than a nurse), helps patients navigate the health care system and access needed services (Findley & Maros).

Promoting connections is a preventative intervention for children and youth.

The level of emotional bonding or attachment between a parent and their child is highly predictive of the child's future educational, health, emotional, and relational outcomes (O'Connor & Scott, 2007). The stronger and more secure the relationship is between a child and their parent, the more resilient a child becomes. However, not all parents have the skills needed to develop this bond, for any number of reasons: lack of knowledge, barriers such as mental illness, chemical dependency, domestic violence, or physical

distance between them and the child. Youth who have not received the support they need from their parents, such as praise, encouragement, and affection face difficulties in building self-control and are more susceptible to peer pressure and deviant behavior (Barnes & Farrell, 1992). When children and youth are unable to feel supported and loved by their parents, the resulting anger and frustration may result in delinquent behavior (Hollist, Hughes, & Schaible, 2009). Teens with poor relationships with their parents are more likely to engage in drug use, criminal activity, and underage sexual activity. They are significantly more likely to have academic struggles, be diagnosed with mental illness, and skip school (O'Connor & Scott, 2007).

Some children thrive despite adverse childhood experiences and are able to return to good mental health even in a challenging situation - this phenomenon is often termed resilience. No child is magically resilient, but protective factors in the child's environment and personality can allow resiliency to grow. The strongest protective factor has been shown to be close relationships with trusted adults (Minnesota Department of Health). The presence of a trusted adult helps a child feel safe more quickly and allows for the body's stress response to calm down more quickly during and after trauma. Sometimes, the presence of a trusted adult alone is not enough to overcome the effect of adverse childhood experiences: additional factors to consider are parent resilience, parenting skills, strong sense of faith or culture, problem-solving skills, and social connectedness, a number of which can be fostered through appropriate intervention and support (ADEPIS, 2015).

In many instances, mentors and youth development professionals are able to act as an additional trusted adult in a child's life and address issues of self-esteem, problem solving, and social connectedness. Children who participate in mentoring programs perform better academically (Leidenfrost, Strassnig, Schutz, Carbon, & Schabmann, 2014), are less likely to begin using drugs and alcohol (Tierney, Baldwin Grossman, & Resch, 1995), and express more hope and optimism for their future (Herrera, DuBois, & Baldwin Grossman, 2013).

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